

Chesterfield County

Human Resource Management

P.O. Box 40

Chesterfield, Virginia 23832

Phone: (804) 748-1551

Jobline: (804) 768-7777

Fax #: (804) 778-7939

Internet: www.co.chesterfield.va.us

APPLICATION FOR INTERNSHIP EMPLOYMENT



In order to properly evaluate your application, it is essential that all questions are answered completely. A resume can only supplement your application.

Chesterfield County is a Drug Free Workplace

PERSONAL DATA

Last Name

First Name

Middle Name

Present Mailing Address (Street or P.O. Box, City, State and Zip Code)

Telephone Number

(Home)

(School)

Are you authorized to work in the United States of America? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐

Driver's license number# _____ Issuing State _____

Have you ever been convicted of a felony? Yes ☐ No ☐ Have you ever been convicted of a misdemeanor that might reasonably affect your ability to perform this job? Yes ☐ No ☐ If yes, state type of offense, date, location and explain:

U.S. MILITARY HISTORY

Are you a Veteran? Yes ☐ No ☐ If yes, please complete the following:

Branch

Date Entered

Date Discharged

Initial Rank

Final Rank

Briefly describe your military duties:

EDUCATIONAL HISTORY

High School _____

Location _____

Undergraduate School _____

Location _____

Major _____ Minor _____

GPA Major _____ Minor _____

Graduate School _____

Location _____

Program of Study _____ GPA _____

List name, address and telephone number of University Internship Coordinator/Advisor:

Name _____ Telephone _____

Address _____

RELATED EMPLOYMENT HISTORY

Job Title _____ Employer _____

Dates Employed From _____ To _____

Supervisor/Title _____ Address _____

Telephone Number _____ Salary _____

Description of Duties _____

Reason for Leaving _____

Job Title _____ Employer _____

Dates Employed From _____ To _____

Supervisor/Title _____ Address _____

Telephone Number _____ Salary _____

Description of Duties _____

Reason for Leaving _____

EDUCATIONAL EXPERIENCE

Please describe in detail the areas (list 3) of local government you would like an internship assignment. Also, support your statements with relevant coursework, projects and other related experiences. Attach additional paper if necessary. This information will be used to assess your skills in order to make an appropriate internship placement. Failure to give complete information could result in elimination from consideration.

READ CAREFULLY BEFORE SIGNING**Certification of Application Information**

I certify that the information provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and will agree to hold Chesterfield County, its officials and employees harmless in that event.

Authorization to Obtain Information

I authorize Chesterfield County to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, present employers, professional references, personal references, military records and other appropriate sources.

I authorize release of any information that Chesterfield County may request from the above sources. All information received by the County will only be used by the County in accordance with applicable laws.

Applicant Signature

Date

CHESTERFIELD COUNTY, VIRGINIA***An Equal Opportunity Employer Committed to Workforce Diversity***